3.0.0		فعفها مناهم والتهام والماسان والماسان والمتاسات	A = T 111	1990	V
4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	OF DEATH	Arizona State B	Board of Health	State File No.	:
Every item of PHYSICIANS assified. Exact	STANDARD CERTIFICATION	BUREAU OF VIT		Registered No.	20_
日日日	1. PLACE OF DEAT	St	ateARIZONA	Kash Tal	or
ZSI d.	County	OF	- Wange / L	St	Ward
提出 E	Township	eath occurred in a hospital or i	nstitution, give its NAME instr	ad of street and number)	1 •-
Every 7. PHYS classified.	City (If d		_ds. How long in U. S. if	of foreign birth?yrs	.mosds.
	Length of residence in city or town where	h occurred yrs. mos.	How long in State wher	death occurred?yrs	mos. de.
RECORD. EXACTLY properly c	2. FULL NAME	110	St., Ward.	resident give city or town an	d state)
RECOR. EXACTI properly	(a) Residence: No. (Usus	l place of abode)	MEDICAL CER	STIFICATE OF DEATH	0 00
	PERSONAL AND STATISTICA	L PARTICULARS	The second description of	h day, and year)	3 CJ 1937
permanent   be stated   t may be	3. SEX 4. COLOR OF RACE 5.	SDOOLS, MARRIED, WID- SD, or DIVORCED, (Write word)	22. 1 HEREBY C	ERTIFY, That I stiended d	eceased from
ANENT stated ay be	To la mile	( word)	March 30 19.	7 10 164 34	death is said
MAN sta may	is married, widowed, or divorted		I last saw hall alive on.	Carried Manager	Teatu is seen
EEE De	(or) WIFE of	OB: 030793	To have occurred on the date	stated above, at	
r G P	6. DATE OF BIRTH (month, day, and	Days If LESS than	The principal cause of death importance were as follows	ATTA PERIOR CAUSES	Date of Onset
BINDING IS A P Should that	7. AGE Years Months	orhrs.	anencyl	al arthur	
	O S particular			<del></del>	
- 오염료	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	E hustry or business in which				
	work was done, as the saw mill, bank, etc.	11. Total time (years)	Other contributors causes of	importance:	
N RESEI G INK pplied.	saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and	Spent in this	Coner contributes		
<b>34</b> 🗖	year)		-		
\$ 15 F	(State of Country)	20		Date of	
MARGIN  TONFADING  Carefully supported to the control of the contr	State or Country)	anom -	Name of operation	Date of	autoposy ?
M. [ UNFA] carefully	14. BIRTHPLACE (city or town)	NO LIFE	What test confirmed diagnos	ternal causes (violence) fill	in also the fol-
ಡ್ನ (	Z (State or Country)	1. 6.6	23. Hodeath was due to ex-	Date of injury_	19
WITH be c	(State or Country)  15. MAIDEN NAME	m They	- 12.1 de forem occultifue		ind State)
8	16. MAIDEN NAME	Begin	(S)	pecify city or town, county a	in public place.
INLY, should	(State or State)	makam	Specify whether and		
AINLY	AD DE	MOVAL	Manner of injury		
PLA)	O S 10 RIRIAL ORDER TYPE	Date 19,	Nature of injury	in any way related to occupa	tion of deceased
•	Place No.	John Allan	24. Was disease of Injury	(-)	
TE	19. EMBALMER Signature	martine	If so, specify	2 A Dettato	1
WRITE PL	Place Place No.  19. EMBALMER License No. Signature DIRECTOR UNITED TO THE PLACE NO.  PUNERAL DIRECTOR	DIN	(Signed)	1.50	
	Address	never yours	<b>4</b> 1	Information	)
Ω.	20. Filed.	Back of	ar (Address)	Additional Intolling	
Z	5M-7/6/38- Form 8 100%	/		•	*